

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559884

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1		—	—		
4		1	—	—		
5	2		—	—		
6			1			
7			1			
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TOTAL IND.			↓	↓		↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS			3	3		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS			3	3		